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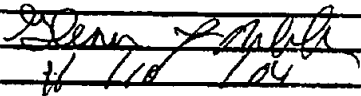
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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,778
	Filing Date	7/2/2003
	First Named Inventor	Starodaj
	Art Unit	3636
	Examiner Name	Edell
Total Number of Pages in This Submission	Attorney Docket Number	Wee Rder

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name: Glenn L. Webb Signature:  Date: 11/10/04		

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Signature	
Date	11/10/04

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PTO/SB/17 (10-04v2)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004, Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		Complete If Known	
		Application Number	10/613,778
		Filing Date	07/02/2003
		First Named Inventor	Starodoj
		Examiner Name	Edell
		Art Unit	3636
		Attorney Docket No.	WeeRider

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: _____</p> <p>Deposit Account Name: _____</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 790</td> <td>2001 395</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 350</td> <td>2002 175</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 550</td> <td>2003 275</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 790</td> <td>2004 395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 180</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p>Total Claims: _____</p> <p>Independent Claims: _____</p> <p>Multiple Dependent: _____</p> <p>Extra Claims Fee from below: _____</p> <p>Fee Paid: _____</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 88</td> <td>2201 44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 300</td> <td>2203 150</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 88</td> <td>2204 44</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Glenn Webb	Registration No. (Attorney/Agent)	32668
Signature	<i>Glenn Webb</i>	Telephone	303 816 4893
		Date	11/10/04

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